

INSTRUCTIONS FOR COMPLETING BASIC ORDERING AGREEMENT

1. Insert vendor's name, complete address, vendor contact person, phone number, e-mail address and fax number.
2. Provide your agency contact's name, phone number, e-mail address and fax number should there be questions concerning the order.
3. List department name, address and individual's name (optional) that should receive billing information.
4. Show department name, address and individual's name (optional) where goods are to be shipped. If same as "Bill To", so indicate.
5. Leave blank – BOSSAP will add the contract number when the request has been approved.
6. Indicate the action being taken by marking an "X" in the appropriate box.
7. Indicate the acquisition type by placing an "X" in the appropriate space.
8. Indicate the term of the agreement if applicable (i.e., for maintenance, term may be 7/1/03 through 6/30/04).
9. Indicate whether this is to be a one time charge, monthly or annual payment, etc.
10. Number the items requested
11. Provide complete description of item(s) requested including model, serial #, feature, manufacturer, etc.
12. State the quantity requested.
13. State the unit price for one-time charges.
14. Extended price for one-time charges. (total for number of units requested).
15. State the unit price for periodic charges.
16. Extended price for periodic charges (total for number of units requested).
17. Page total of BOA here (total of all charges for this BOA).
18. Insert grand total of all BOA pages here (on the first page only) if BOA is continued on additional page(s).
19. Provide signature of an authorized representative of the ordering agency.
20. All BOAs will now require the vendor's signature regardless of dollar amount unless BOA is covered under the terms and conditions of a master contract or vendor's contract form is used as the contract in lieu of BOA.

21. Indicate how the BOA is being utilized. Check "Basic Ordering Agreement Standard Terms and Conditions" if the BOA is a stand-alone document or contract. Check "Master Contract #" if the BOA is an order against a master contract. Check "This BOA is being used only to provide auxiliary contractual information" if the BOA is used as a schedule or inventory list. Check "Other" if none of the above applies.
22. Leave blank – the Director of CMS will sign when the request is approved.
23. State Use Only – complete information appropriately.
24. Indicate vendor name, have vendor authorized individual sign, date and note a reference number if applicable.
25. Vendor will need to complete the TIN form

Vendor Name: Address: Contact: 1 Phone#: E-mail: Fax#:				STATE OF ILLINOIS---BASIC ORDERING AGREEMENT (BOA) The terms and conditions of this BOA, including those terms and conditions set forth in the additional documents referenced below, and any continuation sheets, constitute the entire agreement between the parties with respect to the subject matter of this BOA.																			
CMS Contract / Purchase Order # 5																							
Agency Contact: E-mail: 2		Phone#: Fax#:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center;">Action</td> <td style="width:20%; text-align: center;">Acquisition Type</td> <td style="width:20%; text-align: center;">Term</td> <td style="width:25%; text-align: center;">Payment Cycle</td> </tr> <tr> <td>_____ Purchase</td> <td>_____ Beginning Date:</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">8</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">9</td> </tr> <tr> <td>_____ New</td> <td>_____ Subscription</td> </tr> <tr> <td>_____ Add</td> <td>_____ Maintenance</td> </tr> <tr> <td>_____ Renew</td> <td>_____ License</td> </tr> <tr> <td colspan="2" style="text-align: center;">6</td> <td colspan="2" style="text-align: center;">7</td> </tr> </table>		Action	Acquisition Type	Term	Payment Cycle	_____ Purchase	_____ Beginning Date:	8	9	_____ New	_____ Subscription	_____ Add	_____ Maintenance	_____ Renew	_____ License	6		7	
Action	Acquisition Type	Term	Payment Cycle																				
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_____ Add	_____ Maintenance																						
_____ Renew	_____ License																						
6		7																					
Bill To: 3		Ship To: 4																					
Item	Description (manufacturer, model, serial number, feature, etc.)	Quantity	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">One Time Charge</td> <td colspan="2" style="text-align: center;">Periodic Charge</td> </tr> <tr> <td style="text-align: center;">Unit</td> <td style="text-align: center;">Extension</td> <td style="text-align: center;">Unit</td> <td style="text-align: center;">Extension</td> </tr> </table>			One Time Charge		Periodic Charge		Unit	Extension	Unit	Extension										
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10	11	12	13	14	15	16																	

SAMPLE

The undersigned duly authorized parties agree with these terms and conditions: PURCHASING AGENCY (show name) By 19 Title Date VENDOR By 20 Title Date		ADDITIONAL DOCUMENTS / TERMS AND CONDITIONS 21 <input type="checkbox"/> Basic Ordering Agreement Standard Terms and Conditions (9/2003) <input type="checkbox"/> Master Contract # _____ <input type="checkbox"/> This BOA is being used only to provide auxiliary contractual information. <input type="checkbox"/> Other _____ In the event of a conflict between a provision in State documents and a provision in Vendor documents (if any), the provision in State documents will prevail. DEPARTMENT OF CENTRAL MANAGEMENT SERVICES (CMS) By 22 Title Director Date		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Page Total</td> <td style="width: 50%; text-align: right;">\$ 17</td> </tr> <tr> <td>BOA Total-(If multiple pages)\$</td> <td style="text-align: right;">18</td> </tr> </table> <p>STATE USE ONLY/PURCHASING AGENCY COMPLETES THIS PART</p> Reference Document#: 23 Is Financing Needed? YES___ NO___ Using Agency Funding Source: FY___ State___ Federal___ Approp. Account Code: _____ Detailed Expenditure Object Code: _____		Page Total	\$ 17	BOA Total-(If multiple pages)\$	18
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